



Ser. No. 09/445,132  
Internal Docket No. RCA-88637  
Customer No. 24498

EW #2/32

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Ahmet M. Eskicioglu, et al.  
Ser. No.: 09/445,132  
Filed: 03/13/2000  
For: Method for Managing Access between a Service Provider and a Set-Top Box in a Conditional Access System  
Examiner: Kim  
Art Unit: 2132  
Customer No. 24498

**AMENDMENT AND RESPONSE**

**Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

**Sir:**

Responsive to the Office Action dated March 31, 2005 rejecting claims 1-20, and having a shortened period for response that expired on June 30, 2005, which period is extended to expire on July 30, 2005, by the attached Petition for Extension of Time, Applicants hereby submit the following Amendment with the accompanying remarks. Please charge the required fee for filing a response within 1 month of the shortened statutory period for response to Deposit Account 07-0832. Reconsideration of the application in view of the amendment is respectfully requested. A supplemental IDS is also attached herewith.

08/10/2005 KWATSON 00000004 070832 09445132

01 FC:1201 **Listing and Amendments to the Claims** begin on page 2 of this paper.  
02 FC:1202 50.00 DA

**Remarks/Arguments** begin on page 8 of this paper.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective November 10, 1998

Application or DocId Number

**09/445182**

**CLAIMS AS FILED - PART I**

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	20 minus 20 =	
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

9/07/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	20	20	
Independent	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	380.00	OR	840	760.00
X5 0=		OR	X518=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	840

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 0=		OR	X518=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

3/14/05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	20	20	
Independent	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 0=		OR	X518=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

7/27/05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	21	20	1
Independent	5	3	2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 0=		OR	X518=	50
X39=		OR	X78=	500
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	550

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 2, enter "2".  
\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Form 100-203  
(Rev. 6/98)

Print and Retain 2 Copies, U.S. DEPARTMENT OF COMMERCE

Best Available Copy